



## ADVANCE DIRECTIVES / DO NOT RESUSCITATE CONSENT FORM

**POLICY:** Patients' who have a Living Will with Advance Directives or a DNR order will be evaluated by their Surgeon and/or Anesthesiologist before having a procedure at the Andrews Institute ASC. Andrews Institute Ambulatory Surgery Center will always attempt to resuscitate a patient and transfer that patient to the hospital in the event of deterioration. The hospital will be advised of the patients Advance Directive/Living Will status.

- I **DO NOT** have a Living Will with Advance Directives, a Do Not Resuscitate (DNR) order, or a Durable Power of Attorney for Health Care.
  - I would like an information packet regarding Advance Directives and other Health Care Decisions.
  - I do not want any information about Advance Directives.
  
- I **DO** have a Living Will with Advance Directives, a Do Not Resuscitate (DNR) order, a Durable Power of Attorney for Health Care.
  - I have brought a copy of my Advance Directive to be placed in my file.
  - It is on file at: \_\_\_\_\_

\_\_\_\_\_ My surgeon or anesthesiologist has discussed this policy with me and has answered all my questions.  
\_\_\_\_\_ I agree to have my procedure performed at the Andrews Institute ASC and understand that, if necessary, measures will be initiated to resuscitate me while I am a patient at the Andrews Institute ASC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
(If Patient had Living Will Only)

Nurse Signature – Discussed with Patient

\_\_\_\_\_  
Date

May 2013

Patient Label